

**FY 2004-2005**  
**CHDP ASTHMA PROJECT GUIDANCE**  
**for**  
**Professional Asthma Education and Training and**  
**Community-Specific Asthma Education Projects**

CMS Branch has received one additional year of funding from First 5 California (e.g. California Children and Families Commission) to continue the CHDP Asthma Project provider trainings and asthma educational support activities. This document provides guidance to interested local CHDP programs on how to apply for these activities.

The goals of the CHDP Asthma Project are to support local CHDP programs as they collaborate with local CHDP providers to:

- Implement CHDP asthma assessment and treatment referral as specified in the CHDP Health Assessment Guidelines, for young children receiving periodic health examinations,
- Provide anticipatory guidance and educational activities for children with asthma and their families, and
- Support CHDP outreach and provide for the development of activities with an asthma focus.

Activities supported with these funds must include special consideration of children under the age of five years. CMS Branch has identified two major funding categories that local CHDP programs can apply for:

1. **Professional Asthma Training and Education:** provides support to local programs for training and education activities designed to increase CHDP medical professional provider knowledge and understanding in the assessment, diagnosis and treatment referral of children with asthma. The goal of these trainings is to improve the quality of asthma assessment, diagnosis and treatment in young children. We anticipate being able to support approximately five (5) professional trainings this year.
2. **Community-Specific Asthma Education Projects:** provides approximately \$1,500 for 10 to 15 local CHDP program to support developing, modifying and/or procuring asthma information and education materials as part of asthma anticipatory guidance offered to children and their families. The funds can be used to support education for children with asthma, or at-risk for asthma, and their families including activities designed to raise their awareness that asthma can be controlled.

All funded activities will need to include information on the CHDP Gateway and the CCFC School Readiness Initiative. Access to health insurance is essential to helping families and the child with asthma get needed medical care. Most communities have a CCFC School Readiness site that provides support to families to help children be healthy and enter school ready to learn.

- **The CHDP Gateway Connection:** CHDP Gateway provides for temporary access to immediate health care services for children without health care coverage. It is

anticipated that these trainings and activities will include discussion of the CHDP Gateway and its usefulness to uninsured children with asthma to receive temporary, full coverage through Medi-Cal for immediate access to care and treatment. Families must complete a joint Medi-Cal/Healthy Families to ensure on going health insurance coverage.

- **The School Readiness Initiative (SRI) Connection:** Good health is an essential element to school readiness and overall quality of life for children. Good health for children with asthma requires their asthma to be “controlled”. Good health is an essential element to school readiness and overall quality of life for children. The CHDP Asthma Project can be a vehicle for outreach to promote and connect local CHDP programs with local SRI projects and childcare providers. The CHDP Asthma Project provides an opportunity for local CHDP programs to:
  - a. Enhance communication with local SRI projects and build outreach connections for CHDP referrals – especially for children with asthma; and
  - b. Include local First 5-funded projects and SRI program staff and their affiliates in trainings, educational events, and/or community-specific projects for young children to increase access and appropriate use of preventive health services.

## **PROFESSIONAL ASTHMA EDUCATION AND TRAININGS:**

For children diagnosed with asthma, the CHDP Health Assessment Guidelines for asthma require that the provider review the child’s asthma management plan with the parent and child, update it as needed, and make medically necessary referrals to specialty care if the child’s symptom classification is moderate or severe persistent asthma and the condition warrants such referral. While the CHDP Program does not directly pay for asthma treatment services, many children with Gateway temporary coverage may receive Medi-Cal fee-for-service treatment from the CHDP provider. Consequently, it is essential that CHDP providers understand current asthma treatment standards and best clinical practices, especially in the young child. As asthma prevalence continues to increase, most public health nurses, school nurses, clinic nurses, etc. need to understand asthma, its treatment and how to educate parents and children about asthma. CMS Branch has developed two options for professional education and training from which the local CHDP programs may select:

### **CHDP Provider Trainings:**

- **Description:** Both training models used last year, one targeting nurses and the other clinical providers (MDs, NPs, and PAs), are available on a limited basis this year.
  - a. The “Asthma Education and Management Training®” is a training for nurses that includes a pre-packaged, evidence-based curriculum developed by the federal Environmental Protection Agency and Asthma and Allergy Foundation of America. Local CHDP programs may opt to co-sponsor this asthma training program that targets local clinic nurses who provide asthma anticipatory guidance and patient education with CHDP providers. Other appropriate learners are pre-school and school nurses, public health nurses, foster care nurses, nurses affiliated with child care services, clinic nurses (especially those who work in CHDP provider offices), and health educators.

- b. The second model of trainings is for direct primary care providers participating in the CHDP program including physicians, nurse practitioners, and physician assistants. They are designed to help CHDP providers implement best asthma standards into their clinical practice with an emphasis on very young children. These trainings are designed by the local CHDP programs with assistance and review by CMSB.
- Structure: CMS Branch proposes to co-sponsor approximately five (5) trainings, regionally across the State. Local programs can anticipate flexible funding to cover costs of meeting accommodations, local training materials, registration and the provision of continuing education credits. CMS Branch will support the speaker's stipend and travel costs and general training materials.

<b>Local CHDP Program Responsibilities:</b>	<b>CMS Branch Responsibilities:</b>
<ol style="list-style-type: none"> <li>1. Organize and host a local asthma training.</li> <li>2. Coordinate with CMS and CSUS to cover expenses of trainers, training site, etc.</li> <li>3. Determine the date and location for the training.</li> <li>4. Widely advertise the training including coordinating with neighboring local CHDP programs – developing a regional training model.</li> <li>5. Recommend additions to the training to meet local learners' needs.</li> <li>6. Recruit learners for the training.</li> <li>7. Provide introductory remarks and discuss the CHDP Gateway and CCFC SRI as connections that help improve access to services for children with asthma.</li> <li>8. Facilitate training sign-in and evaluation and provide host activities related to the trainings.</li> </ol>	<ol style="list-style-type: none"> <li>1. RE: Training date: CMS Branch will need to coordinate with the local program in confirming trainer availability for the best training date.</li> <li>2. Arrange for the speaker and training materials including a training packet, power point presentation, sample asthma education materials, peak flow meters for use in demonstration training activity and the hands-on training on various medication delivery devices for asthma.</li> <li>3. Coordinate with CSUS for services to be provided through CSUS.</li> <li>4. Provide registration services, as needed.</li> <li>5. Support necessary costs for the facility, audio visual equipment and meeting accommodations.</li> <li>6. Arrange for CMEs, CEUs (3.0 CEU Hours), etc. to be offered at no cost to learners.</li> </ol>

#### Community-Specific Asthma Education Projects:

CMS anticipates supporting ten (10) local CHDP program with about \$1,500 for community specific asthma education projects. These funds are for local CHDP programs to use in supporting CHDP outreach and informing efforts targeted to families with children at-risk for asthma. Community-specific asthma projects must include a focus on the young child. The funds can also support the development or procurement of parent/child asthma education materials and activities for providers to use as part of the CHDP health examination for children suspected of, or diagnosed with asthma. In addition, local CHDP programs can use these funds to provide “locally-developed trainings.”

The following are some examples of potential projects:

1. Asthma Education Materials: Procure educational materials that are already developed including existing asthma print materials for providers to use in educating parents and children about asthma, especially materials that are intended for children under five years of age. Items to consider include: materials provided in the “blue accordion file” CMS Branch sent out last year, posters, brochures, web-based learning, and county developed materials. These funds can also support services to modify print materials to be county specific.
2. CHDP Informing Activities: Support CHDP informing activities focusing on asthma in young children, (i. e. health fairs, pre-school outreach, provider round tables and forums, working with local libraries to include asthma education materials).
3. Intra-Interagency Collaborations: Support efforts such as local asthma coalition that are relevant to young children with asthma and their parents (e. g. education materials, speaker fees and event costs on asthma education programs about indoor and outdoor air pollution, pre-school and community asthma awareness activities, and resource development).
4. Innovative Asthma Projects: Support creative education projects developed by the local CHDP program that are consistent with the CHDP Asthma Project goals. These innovative projects must be education-based. Technical assistance is available, as needed.

#### **CHDP ASTHMA PROJECT APPLICATION PROCESS:**

Local CHDP programs will submit an application to CMS Branch for asthma trainings and or community-specific projects for review and approval. CSUS, at the request of CMS Branch, will arrange for and procure trainings and education services as part of the CHDP Asthma Project. CMS Branch will be invoiced by CSUS for these activities. Local CHDP programs will be able to provide asthma trainings and educational services to CHDP providers and other community asthma partners without having the local CHDP budget affected.

The following is a detailed description of the process:

1. The local CHDP program will identify the childhood asthma training or community-specific asthma education project it wants to implement. Complete either the Professional Asthma Education and Training Application or the Community-Specific Asthma Education Application including a description of the project, target audience, and training/project budget and submit it to CMS Branch.
2. CMS Branch will provide technical assistance and additional guidance to local CHDP programs about completing the Application, if needed.
3. CMS Branch will review and approve the local CHDP program’s application. CMS Branch may prioritize funding to reach the widest target audience due to the limited available funding.
4. CMS Branch will notify the local program of approval to proceed with the project.
5. CMS Branch will work with CSUS and send them a copy of the approved applications (This year the contract for services is already in place).

6. The local CHDP program will request CSUS to purchase or provide the trainings, educational materials or services, as described on the approved Application.
7. CSUS will arrange for the trainings or purchase/provide educational materials or services and have them provided/delivered to the local CHDP program. This interaction will require communication between CSUS and the local program to assure smooth processing of services. CMS Branch will provide close support to CSUS, as needed, during this aspect of the project.
8. CSUS will invoice CMS Branch for the purchase/service orders including attaching documentation of the trainings, materials, and services procured and arranged.
9. Local CHDP programs will submit a one-page summary report to CMS Branch for evaluation purposes. The report will include the numbers served by the trainings and projects, the types of educational materials procured and distributed, and the final costs of the project. Local CHDP programs will be encouraged to describe successes and key findings from these activities for future program development.

## **TIMELINE**

1. Early-November: Local CHDP programs will receive application forms to request asthma trainings and community-specific asthma education projects.
2. November 20<sup>th</sup>: Applications for the five (5) CHDP professional trainings will be due and the trainings must be completed by March 25, 2005. This early turn around will permit negotiation over date and location and let us know how many programs are interested in provider trainings.
3. December 20<sup>th</sup>: Community Specific Asthma Education project applications are due and the projects must be completed by April 25, 2005.
4. June 1, 2005: A brief evaluation/project outcome report will be due by June 1, 2005 and will be used to report outcomes to the California Children and Families Commission and to plan future activities in this area.

## **Conclusion**

CMS Branch staff are available for technical assistance on all aspects of this project and hope that this process makes support for asthma-related activities feasible and accountable. This effort is intended to support local CHDP programs as they implement activities that help CHDP providers improve the quality of life and decrease asthma morbidity and mortality for young children with asthma and their families.